



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

IRVING COPPELL SURGICAL HOSPITAL  
400 W I 635  
IRVING TX 75063

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

LM INSURANCE CORP

#### **Carrier's Austin Representative Box**

Box Number 01

#### **MFDR Tracking Number**

M4-11-1723-01

#### **MFDR Date Received**

January 28, 2011

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary as stated on the Table of Disputed Services:** "Not paid at 200% of Medicare OPPS. Carrier states not documented in op report; underlined appropriate section please review."

**Amount in Dispute:** \$2,479.94

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "Please note that on a request for reconsideration, OPPS pricing adjustments were made in the amount of \$906.20 including interest. Liberty Mutual believes that Irving Coppel Surgical Hospital has been appropriately reimbursed for services rendered..."

**Response Submitted by:** Liberty Mutual, 2875 Browns Bridge Road, Gainesville, GA 60504

### **SUMMARY OF FINDINGS**

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
August 20, 2010	Outpatient Hospital Services	\$2,479.94	\$2,250.99

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.403, titled *Hospital Facility Fee Guideline – Outpatient*, sets out the reimbursement guidelines for facility services provided in an outpatient acute care hospital.
3. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, sets out the reimbursement for guidelines for professional medical services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 27, 2010 and December 14, 2010

- 16, X936 – CPT or HCPC is required to determine if services are payable.
- 17, W1, 59, U401, U849 – This multiple procedure was reduced 50% according to fee schedule or usual and customary guidelines.
- 150, Z652 – Recommendation of payment has been based on a procedure code which best describes services rendered.
- 42, Z710 – The charge for this procedure exceeds the fee schedule allowance.
- D20, B291 – This is a bundled or non covered procedure based on Medicare guidelines; no separate payment allowed.
- X133 – This charge was not reflected in the report as one of the procedures or services performed.

### **Issues**

1. Are the disputed services subject to a contractual agreement between the parties to this dispute?
2. What is the applicable rule for determining reimbursement for the disputed services?
3. What is the recommended payment amount for the services in dispute?
4. Is the requestor entitled to reimbursement?

### **Findings**

1. Review of the submitted documentation finds no information to support a contractual agreement between the parties to this dispute.
2. This dispute relates to facility services performed in an outpatient hospital setting with reimbursement subject to the provisions of 28 Texas Administrative Code §134.403, which requires that the reimbursement calculation used for establishing the maximum allowable reimbursement (MAR) shall be the Medicare facility specific amount, including outlier payment amounts, determined by applying the most recently adopted and effective Medicare Outpatient Prospective Payment System (OPPS) reimbursement formula and factors as published annually in the Federal Register with the application of minimal modifications as set forth in the rule. Per §134.403(f)(1), the sum of the Medicare facility specific reimbursement amount and any applicable outlier payment amount shall be multiplied by 200 percent, unless a facility or surgical implant provider requests separate reimbursement of implantables. Review of the submitted documentation finds that separate reimbursement for implantables was not requested.
3. Under the Medicare Outpatient Prospective Payment System (OPPS), each billed service is assigned an Ambulatory Payment Classification (APC) based on the procedure code used, the supporting documentation and the other services that appear on the bill. A payment rate is established for each APC. Depending on the services provided, hospitals may be paid for more than one APC per encounter. Payment for ancillary and supportive items and services, including services that are billed without procedure codes, is packaged into payment for the primary service. A full list of APCs is published annually in the OPPS final rules which are publicly available through the Centers for Medicare and Medicaid Services (CMS) website. Reimbursement for the disputed services is calculated as follows:
  - Procedure code 64831 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 100%. This service is classified under APC 0221, which, per OPPS Addendum A, has a payment rate of \$2,512.94. This amount multiplied by 60% yields an unadjusted labor-related amount of \$1,507.76. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$1,467.21. The non-labor related portion is 40% of the APC rate or \$1,005.18. The sum of the labor and non-labor related amounts is \$2,472.38. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$2,472.38. This amount multiplied by 200% yields a MAR of \$4,944.76.
  - Procedure code 64832 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0221, which, per OPPS Addendum A, has a payment rate of \$2,512.94. This amount multiplied by 60% yields an unadjusted labor-related amount of \$1,507.76. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$1,467.21. The non-labor related portion is 40% of the APC rate or \$1,005.18. The sum of the labor and non-labor related amounts is \$2,472.38. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$1,236.19. This amount multiplied by 200% yields a MAR of \$2,472.38.

- Procedure code 26370 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0054, which, per OPPS Addendum A, has a payment rate of \$1,903.38. This amount multiplied by 60% yields an unadjusted labor-related amount of \$1,142.03. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$1,111.31. The non-labor related portion is 40% of the APC rate or \$761.35. The sum of the labor and non-labor related amounts is \$1,872.66. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$936.33. This amount multiplied by 200% yields a MAR of \$1,872.66.
- Procedure code 14040 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0136, which, per OPPS Addendum A, has a payment rate of \$1,082.15. This amount multiplied by 60% yields an unadjusted labor-related amount of \$649.29. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$631.82. The non-labor related portion is 40% of the APC rate or \$432.86. The sum of the labor and non-labor related amounts is \$1,064.68. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$532.34. This amount multiplied by 200% yields a MAR of \$1,064.68.
- Procedure code 11760 has a status indicator of T, which denotes a significant procedure subject to multiple procedure discounting. The highest paying status T APC is paid at 100%; all others are paid at 50%. This procedure is paid at 50%. This service is classified under APC 0133, which, per OPPS Addendum A, has a payment rate of \$91.28. This amount multiplied by 60% yields an unadjusted labor-related amount of \$54.77. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$53.29. The non-labor related portion is 40% of the APC rate or \$36.51. The sum of the labor and non-labor related amounts is \$89.81. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers and any multiple procedure discount, is \$44.90. This amount multiplied by 200% yields a MAR of \$89.81.
- Per Medicare policy, procedure code 69990 is included in, or mutually exclusive to, another code billed on the same date of service. Separate payment is not recommended.
- Procedure code 80047 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$12.12. 125% of this amount is \$15.15. The recommended payment is \$15.15.
- Procedure code 85014 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.39. 125% of this amount is \$4.24. The recommended payment is \$4.24.
- Procedure code 81002 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.66. 125% of this amount is \$4.58. The recommended payment is \$4.58.
- Procedure code 36415 has a status indicator of A, which denotes services paid under a fee schedule or payment system other than OPPS. Per 28 Texas Administrative Code §134.403(h), for outpatient services for which Medicare reimburses using fee schedules other than OPPS, reimbursement is made using the applicable Division fee guideline in effect for that service on the date the service was provided. Payment for this service is calculated according to §134.203, the Medical Fee Guideline for Professional Services. The fee listed for this code in the applicable Medicare fee schedule is \$3.00. 125% of this amount is \$3.75. The recommended payment is \$3.75.

recommended payment is \$3.75.

- Procedure code 73130 has a status indicator of X, which denotes ancillary services paid under OPPS with separate APC payment. This service is classified under APC 0260, which, per OPPS Addendum A, has a payment rate of \$44.90. This amount multiplied by 60% yields an unadjusted labor-related amount of \$26.94. This amount multiplied by the annual wage index for this facility of 0.9731 yields an adjusted labor-related amount of \$26.22. The non-labor related portion is 40% of the APC rate or \$17.96. The sum of the labor and non-labor related amounts is \$44.18. The cost of this service does not exceed the annual fixed-dollar threshold of \$2,175. The outlier payment amount is \$0. The total APC payment for this service, including outliers, is \$44.18. This amount multiplied by 200% yields a MAR of \$88.35.
4. The total recommended payment for the services in dispute is \$10,560.36. This amount less the amount previously paid by the insurance carrier of \$8,309.37 leaves an amount due to the requestor of \$2,250.99.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$2,250.99.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$2,250.99, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	August 17, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**